

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PS. H. L. 1/1/01</i>		
O.I.P.E. CLASSIFIER	<i>PH</i>	<i>32</i>	<i>1/1/01</i>
FORMALITY REVIEW	<i>M-K</i>	<i>1102</i>	<i>11/14/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	1-1-02
2	5-2-02
3	1-1-02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*IC-859*  
*11/1/01*